POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

US Patent No.	5,639,940	
Date of Patent	June 17, 1997	
First Named Inventor	Garner, lan	
Title	PRODUCTION OF FIBRINOGEN IN TRANSGENIC ANIMALS	
Art Unit		
Examiner Name		
Attorney Docket	016994-018810US	

I hereby revoke all previous powers of attorney given in the above-identified application.			
A Power of Attorney is submitted herewith.			
OR			
I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR		20350	
I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:			
Practitioner(s) Name		Registration Number	
I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.			
Please recognize or change the correspondence address for the above-identified application to:			
The address associated with the above-mentioned Customer Number:			
OR			
The address associated with Customer Number: OR			
Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Emall		
I am the: Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96 submitted herewith or filed on			
SIGNATURE of Applicant or Assignee of Record			
Signature		Date 14 oct 2000	
Name PRANK R. PIEPER	PRANK R. PIEPER Telephone 31 715247 428		
Title and Company Pharming Intellectual Property, B.V.			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
*Total of forms are submitted.			